

PART B - FEE(S) TRANSMITTAL

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7590

03/13/2003

VIDAS ARRETT & STEINKRAUS
 6109 BLUE CIRCLE DRIVE
 SUITE 2000
 MINNETONKA, MN 55343

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Robin Peddieson

(Depositor's name)



(Signature)

April 29, 2003

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
08/37,492	03/19/1997	PAUL H. BURMEISTER	563.2-6252-4501	5255

TITLE OF INVENTION: TISSUE SUPPORTING DEVICES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1300	\$0	\$1300	06/13/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
PREBILIC, PAUL B	3738	623-001000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Scimed Life Systems, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Maple Grove, Minnesota 55311

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ individual ☐ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee☐ Advance Order - # of Copies

4b. Payment of Fee(s):

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April 29, 2003

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